

# Mid-Semester Progress Report

Semester: \_\_\_\_\_

Year: \_\_\_\_\_

Due Date: \_\_\_\_\_

Return progress report to TRIO Office at [TRIO@csn.edu](mailto:TRIO@csn.edu)

STUDENT'S NAME: \_\_\_\_\_

STUDENT ID NUMBER: \_\_\_\_\_

SUBJECTS	PROGRESS				NEEDS IMPROVEMENT (CHECK ALL THAT APPLY)											SIGNATURE	
	VERY WELL (A)	GOOD (B)	SATISFACTORY (C)	UNSATISFACTORY (D)	ATTENDANCE	PREPARED FOR CLASS	ATTITUDE	TEACHER CONFERENCE /OFFICE HOURS	CLASS PARTICIPATION	NOTE TAKING	READING COMPREHENSION	WRITING SKILLS	TEST TAKING	TIME MANAGEMENT	TUTORING		ORGANIZATIONAL SKILLS

The above information is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

Cell Phone no.: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**NOTE TO INSTRUCTOR:**

In order to assist participants in the development of effective academic strategies, the TRIO Student Support Services Office requests that you please provide information regarding the performance of the student referenced above. If you have any questions or would like to further discuss the academic progress of this student, please contact us at ext. 4441 or by email at: [trio@csn.edu](mailto:trio@csn.edu) Revised 1/2/18